

NURSING MOTHERS' ACADEMIC STATUS AND CHILD REARING PRACTICES IN BADAGRY, LAGOS STATE, NIGERIA

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Abstract

The study examined the academic status and child rearing practices of nursing mothers in Badagry, Lagos State, Nigeria. The child rearing practices considered were breastfeeding, toilet training and health practices. Descriptive survey research design was adopted. The population of the study was all nursing mothers in Badagry, using simple random sampling technique, two hundred and twenty-seven (227) nursing mothers were selected to participate in the study. Nursing Mothers and Child Rearing Practices Questionnaire (NMCRPQ) with reliability coefficient of 0.76 was used to collect data from the respondents. The three null hypotheses were tested using Analysis of Variance at 0.05 level significance. The findings showed that academic status has significant influence on nursing mothers' breastfeeding ($F_{(5,221)}=1654.769$; $P < 0.05$), toilet training practices ($F_{(5,221)}= 1701.514$; $P < 0.05$) and health-related practices ($F_{(5,221)}= 1649.369$; $P < 0.05$). Based on findings, the recommendations made were that workshops and seminars should be organized more often by relevant agencies to educate nursing mothers on the various child rearing practices. This effort could promote the ideal practices that will enhance the general wellbeing of children.

Keywords: Nursing mothers, Academic status, Child rearing practices

Introduction

The place of children in every human society is highly treasured. For this reason, every society attaches great importance to the wellbeing of their young ones. Different group of people have their unique way of caring and nurturing their offspring to conform to the values and expectations of the society. In other words, the practices of caring for children are diverse considering the society or family where the child is born into. Moreover, parents as member of the society remain the key players in ensuring the child's wellbeing and proper upbringing. Although, older sibling, grandparents, a legal

guardians, aunts, uncles or other family members, family friends, governments and society may have a role in child-rearing as well. In the typical African society, parents especially mothers primarily are known to be devoted to their children and responsible for their proper upbringing because of the natural bond that exists between them. Also, mothers take huge responsibility of child rearing while the fathers fetch to meet the needs of the family such as providing food, shelter, clothing, security, children's schooling among others. That is why children who exhibit unacceptable characters, lack good morals, engage in crime are referred to as the mothers' while the good ones are the fathers'.

Child rearing is a generalized term used to characterize ways of bringing up children. Apart from the biological relationship that exists between parents and children, Martins (2000); Mahapatr and Batul (2016) considered child rearing as the act of promoting and supporting the physical, emotional, social, language and intellectual development of a child from infancy to adulthood. It also involves patterning the child's behaviour in the most acceptable ways of the society. There are some practices that promote the child's growth and development. These practices vary based on cultural beliefs and heritage. The child rearing practices in human society include; breastfeeding, toilet training, relationship, health, nutrition, moral and discipline. This study however focused on breastfeeding, toilet training and health practices.

Breastfeeding is one of the major responsibilities of a mother to her new born child from time immemorial. It is an age long tradition in every culture in Africa. Regardless of the socio-economic status of the parents, the new born child must be breast fed. It is believed that children who are breast fed for a long time are more emotionally stable than those who are not (Akinbote, Oduolowu & Lawal, 2001). As a result, breastfeeding of babies in the ancient Africa tradition is expected to last from infancy to over two years. That is why when a mother is not in a state to breastfeed her child due to ailment or death, the services of another mother are sought in order to keep the child healthy.

Studies by American Academy of Pediatrics (2005); Pan American Health Organization (2002); Ogbuanu, Probst, Laditka, Liu, Baek, and Glover (2009) cited in the South Carolina Breastfeeding Action Committee report provide strong evidence that breastfeeding decreases the incidence and/or severity of a wide variety of infectious diseases in infants including bacterial meningitis, gastrointestinal illnesses, respiratory tract infection, urinary tract infection and late-onset sepsis in preterm infants among others.

Also, Motee, Ramasawmy, Pugo-Gunsam and Jeewon (2013) said that proper breastfeeding practices are effective ways for reducing childhood morbidity and mortality as it prevents childhood chronic diseases such as asthma, allergies, overweight and diabetes. In addition, the act of breastfeeding offers important benefits to mothers too. Among these benefits are increased child spacing, earlier return to pre-pregnancy weight, decreased risk of breast, uterine and ovarian cancers and possibly, decreased risk of hip

fractures and osteoporosis in the postmenopausal period and last but not least, it costs less to breastfeed (Sears & Sears, 2000).

Despite these benefits, the act breastfeeding had taken a dangerous downward trend in the late 1960s. It all started when commercial breast milk substitutes, that is, baby formulas were introduced and promoted through aggressive marketing. As a result, traditional infant feeding practices started to shift towards more modern feeding practices (World Health Organisation, 2001). In addition to this, American Dietetic Association (2005) revealed that work-related issues, personal preferences, having an unsupportive partner, feeling embarrassed, concerns about pain, and physical/medical problems are some barriers to breastfeeding practice among nursing mothers.

Toilet training is another practice that mothers usually make effort to inculcate in their children early enough during their upbringing. It is a developmental milestone and one of the first steps that children take to become self-sufficient. The act of toilet training children is a challenge to both the parents and the children. According to Mota and Barros (2008), with time all children eventually manage to acquire the necessary control of their bowel and bladder. Before then, majority of parents, even those who are better informed – well educated, have inappropriate expectations with relation to the age at which toilet training should be completed. This often times has led to conflict between the child and the parents especially mothers (Pachter & Dworkin 1997; Stehens & Silber, 1971).

Toilet training is influenced by physiological, psychological and sociocultural factors. In some African nations, parents start toilet training their babies around their first birthday by using a method called elimination communication (Seifert, 2001). In this method, mothers watch out for signs of bladder distention and bowel movement or facial expressions and babies learn to hold back until their parents give them the signal—usually a special vocalization, like “sheee-sheee” or “shuuuus” (Boucke, 2003) as the babies are held in the appropriate position to ease themselves. By the end of the child’s second year, toilet training is expected to be completed (Akinbote, Oduolowu, & Lawal, 2001). According to Rogers (2002), the trend of toilet training has changed over the past 50-100 years. Bakker and Wyndaele (2000) identified a shift in the age of initiating toilet training from 12-18 months in parents born in the 1920s to 1940s to over 18 months with parents born in 1960-1980. The variation could be linked partly to the introduction of disposable nappies or diapers.

Every child has right to enjoy good health, protection from diseases and proper medical care for survival, personal growth and development (UNICEF, 1999). Like adults, children sometimes fall sick due to malnutrition, harsh weather or climatic change, epidemic, abuse and neglect among other causal factors (UNICEF Nigeria, 2011). According to Humanium, (2016), over 13 million children under the age of 5 years die from illnesses which could have been avoided or treated every year. That is why what measure individuals especially mothers take when their children their children fall ill becomes an issue of concern. According to Tilburt and Kaptchuk (2008) about 80% of people use traditional medical system for much or all of their health care. Davis (2012)

added that African culture acknowledges that real treatment and healing are not in a synthetic pill but in recognition of our true position on the earth and bringing our actions into respectful balance with the natural world. In the traditional African society, the herbal remedies have gained popularity and many parents even the well-educated ones, are opting for this approach of health practices. Possibly this could be as a result of high cost of allopathic medical health care and the expensive pharmaceutical products or parents' strong belief in the potency of orthodox medicine over the contemporary medical treatments.

Generally, there are some causal factors influencing childrearing practices among parents across the world. Smenyak (2015) outlined family roots or origin, religious beliefs and social influences as inducing factors on parenting philosophies which eventually affects the way parents raise their children. Este, Sethi, and Charlebois (2000) in a study on Indian and Chinese parents living in Canada reported that language barriers, financial stability, housing, employment, religion and future concerns are some of the factors associated with raising their children in Canadian Society. Kotchick and Forehand (2002) identified three contextual factors namely ethnicity/culture, family socioeconomic status and neighborhood/community context as factors influencing parents' childrearing practices.

Nevertheless, there are factors affecting breastfeeding practices include nature of mothers' job personal, cultural, social, environmental factors, mothers' knowledge and attitudes as well as husbands' support are influencing factors in the decision to breastfeed (Kong & Lee, 2004). In addition, mothers' place of birth, those first babies (Leung, Tam, Hung, Fok, and Wong, (2003) were also identified. Cultural background, socioeconomic status and mothers' exposure are said to influence toilet training children (Horn, Brenner, Rao, & Cheng, 2006). Cultural and religious beliefs, finance, family tradition, proximity to health care centre influences parents' practices on health-related issues (United Nations, 1994).

From the above study, several factors influencing parents' childrearing practices have been identified but none have considered the academic status as an influencing factor. In the last two or three decades, African women including nursing mothers have become interested in getting western education with the aim to develop themselves, to fit in and function properly in this modern world. In addition, this will provide them with the opportunity to get good jobs, make money to support their husbands in meeting the needs of the family.

There is a general agreement among experts around the world that early child rearing and training are not only desirable but essential for maximum development of the children. Studies have equally reported that faulty child rearing practices have resulted into delinquent behaviours among the young members of various families in the world today with its attendant social related side-effect on the larger society. There is no doubt that the modes of child rearing have changed over time. Nevertheless, there are variations in child rearing practices among Nigerian parents which could be as a result of emerging social change and academic qualifications. The purpose of this study hence, was to

examine the influence of nursing mothers’ academic status on their child rearing practices specifically in the area of breastfeeding, toilet training and health-related practices.

Hypotheses

H0₁: There is no significant difference in breastfeeding practices of nursing mothers based on academic status.

H0₂: There is no significant difference in nursing mothers’ practices of their children toilet training based on academic status.

H0₃: There is no significant difference in nursing mothers’ practices on health-related issues based on academic status.

Methodology

The study adopted the descriptive survey research design. The target population was all nursing mothers in Badagry, Lagos State. Two hundred and twenty-seven (227) nursing mothers were drawn as sample for the study. For easy accessibility, the researcher visited the Lagos State General Hospital, Badagry during their post-natal visiting days (Monday – Friday) since all categories of mothers with varied academic qualification are easily accessible there. A 20-item questionnaire tagged “Nursing Mothers and Child Rearing Practices Questionnaire (NMCRPQ)” was self-developed. Section A of the instrument focused on the demographic data while Section B contained the items generated in sub-sections on practices of breastfeeding, toilet training and health-related issues. NMCRPQ was validated by experts in the field of Childhood Education and a reliability co-efficient of 0.76 was obtained using Cronbach Alpha. NMCRPQ was a four-point Likert scale instrument with respondents indicating Always, Often, Sometimes and Rarely to each statement and was used to gather necessary data for the study. The data collected was analysed using descriptive statistics of frequency count, mean, standard deviation and Analysis of Variance (ANOVA).

Testing the Hypotheses

Research Hypothesis One: There is no significant difference in breastfeeding practices of nursing mothers based on academic status.

Table 1: Summary of ANOVA table showing the difference in breastfeeding practices of nursing mothers based on academic status

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	11678.680 ^a	5	2335.736	1654.769	.000
Intercept	28626.491	1	28626.491	20280.648	.000
Academic status	11678.680	5	2335.736	1654.769	.000
Error	311.945	221	1.412		

Total	95964.000	227
Corrected Total	11990.626	226

Dependent Variable: Practices on Breastfeeding

Table 1 shows the difference in breastfeeding practices of nursing mothers based on academic status. There was significant difference in breastfeeding practices of nursing mothers based on academic status ($F_{(5, 221)} = 1654.769$; $P < .05$). The hypothesis is therefore rejected in the light of the result. This implies that academic status had significant influence on breastfeeding practices of nursing mothers.

Research Hypothesis Two: There is no significant difference in nursing mothers' practices of their children toilet training based on academic status.

Table 2: Summary of ANOVA table showing the difference in nursing mothers' practices of their children toilet training based on academic status

Source	Type III Sum of Squares	df	Mean Square	f	Sig.
Corrected Model	11443.045 ^a	5	2288.609	1701.514	.000
Intercept	28474.275	1	28474.275	21169.790	.000
Academic status	11443.045	5	2288.609	1701.514	.000
Error	297.254	221	1.345		
Total	95176.000	227			
Corrected Total	11740.300	226			

Dependent Variable: Practices on Toilet training

Table 2 shows the difference in nursing mothers' practices of their children toilet training based on academic status. There was significant difference in nursing mothers' practices of their children toilet training based on academic status ($F_{(5, 221)} = 1701.514$; $P < .05$). The hypothesis is therefore rejected in the light of the result. This implies that academic status had significant influence on nursing mothers' practices of toilet training their children.

Research Hypothesis Three: There is no significant difference in nursing mothers' practices on health-related issues based on academic status.

Table 3: Summary of ANOVA table showing the difference in nursing mothers' practices of health-related issues based on academic status

Source	Type III Sum of Squares	df	Mean Square	f	Sig.
Corrected Model	11526.581 ^a	5	2305.316	1649.369	.000
Intercept	28528.591	1	28528.591	20411.154	.000
Academic status	11526.581	5	2305.316	1649.369	.000
Error	308.891	221	1.398		
Total	95463.000	227			
Corrected Total	11835.471	226			

Dependent Variable: Practices on Health-related Issues

Table 3 shows the difference in nursing mothers' practices on health-related issues based on academic status. There was significant difference in nursing mothers' practices on health-related issues based on academic status ($F_{(5, 221)} = 1649.369$; $P < .05$). The hypothesis is therefore rejected in the light of the result. This implies that academic status had significant influence on nursing mothers' practices of health-related issues.

Discussion of Findings

The result shows that the academic status of nursing mothers significantly has influence over their breastfeeding practices. This perhaps was due to the fact that nursing mothers with higher academic qualifications have access to information about breastfeeding and its importance to them and their babies. This is in line with Sears and Sears (2000) as well as Ogbuanu et al (2009) who strongly advocated for exclusive breastfeeding of infants.

Findings also revealed that academic status significantly influenced nursing mothers' ways of toilet training their children. In other words, the level of academic attainment of nursing mothers has influence over the way they toilet train their children. In the study, nursing mothers with higher academic status deliberately make effort to toilet train their children compare with mothers with lower academic qualifications. This corroborates the assertion of Boucke (2003) and Akinbote, Oduolowu and Lawal (2001) that mothers consciously look out for signs in their children of wanting to urinate or empty their bowels. They also train their infants/toddlers to learn how to hold back until they are given the signal to carry on with the act.

Outcome of the study also revealed that the academic status of nursing mothers had significant influence on their health-related practices particularly in the ways children illness are treated. This perhaps could be as a result of their perception of the orthodox medicine as not matching scientific standards for healthy consumption. This however contradicts the findings of Truter (2007) and Davis (2012) that Africans acknowledges

that real treatment and healing lies in the traditional medical systems and that it is cost effective for about 80% of the populace.

Conclusion and Recommendations

The conclusion drawn from this study is that the academic status of nursing mothers in Badagry Local Government Area of Lagos State, Nigeria has significant influence on their child rearing practices. In order to uphold the good child rearing practices among nursing mothers and improve upon their shortcomings, there is need to consciously educate parents especially mothers on the importance of caring adequately for their children and the implications. This can be made possible if the government mobilises the appropriate agencies such as ministry of health to organize workshops and seminars for parents on the need to adopt the child rearing practices that will promote all round development of their children.

Also, during antenatal and postnatal care/visit to the hospital, expectant/nursing mothers should be informed about the dangers of not seeking adequate and appropriate medical care for their children. Emphasis should be on seeking professional help whenever their children manifest symptoms challenging their health. In addition, the school can reach the parents during Parents Teachers Association (PTA) meetings to further enlighten them on the practices that will enhance their children's wellbeing.

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